|   |  |   |                 |                               |              |                  |          |                  | Application of Docket Number |         |                     |                        |
|---|--|---|-----------------|-------------------------------|--------------|------------------|----------|------------------|------------------------------|---------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000                   |  |   |                 |                               |              |                  |          |                  | 09                           | 11      | 1001                | X                      |
| CLAIMS AS FILED - PART I  |  |   |                 |                               |              |                  |          | MALL             | ENTITY                       |         | OTHER               | THAN                   |
| _   |  |   | (Column         | 1)                            | (Colu        | (Column 2)       |          | TYPE             |                              | OR      | SMALL               |                        |
| TOTAL CLAIMS  |  |   | 1               |                               |              |                  | Γ        | RATE             | FEE                          | 1 1     | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED    |                               | NUMBER EXTRA |                  | В        | BASIC FEE 355.00 |                              | OR      | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | //Ominus 20=    |                               | *            |                  |          | X\$ 9=           |                              | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | 7 minus 3 =     |                               | • /          |                  |          | X40=             |                              | OR      | X80=                | GB                     |
| MU  | ILTIPLE DEPEN  | IDENT CLAIM PI                            | RESENT          |                               |              |                  |          | +135=            |                              | OR      | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                 |                               |              |                  | L        | TOTAL            |                              | OR      | TOTAL               | ·                      |
| CLAIMS AS AMENDED - PART II   |  |   |                 |                               |              |                  |          |                  | L                            | ] •     | OTHER               | THAN                   |
|   |  | (Column 1)                                |                 | (Colur                        |              | (Column 3)       | _ ;      | SMALI            | ENTITY                       | OR      | SMALL E             |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE             | ADDI-<br>TIONAL<br>FEE       |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus           | **                            |              | =                |          | X\$ 9=           |                              | OR      | X\$18=              |                        |
|   | Independent  | *   | Minus           |                               |              | -                |          | X40=             |                              | OR      | X80=                | ·                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C   |   |                 |                               | CLAIM        |                  |          | +135=            |                              | OR      | +270=               |                        |
|   |  |   |                 |                               |              |                  |          | TOTA             |                              | יהן     | TOTAL<br>ADDIT. FEE |                        |
|   | (Column 1) (Column 2) (Column 3)   |   |                 |                               |              |                  | AL       | DDIT. FE         | E                            |         | AUDII. FEE          |                        |
| AMENDMENT B   | a management   | CLAIMS<br>REMAINING                       |                 | HIGH<br>NUM                   | IEST         |                  |          |                  | ADDI-                        | 1       |                     | ADDI-                  |
|   |  | AFTER AMENDMENT                           |                 | PREVIO<br>PAID                | DUSLY        | PRESENT<br>EXTRA |          | RATE             | TIONAL<br>FEE                |         | RATE                | TIONAL                 |
|   | Total  | *   | Minus           | **                            |              | =                | r        | X\$ 9=           | 1                            | OR      | X\$18=              | · 1 L-L                |
|   | Independent  | •   | Minus           | ***                           |              | =                |          | X40=             |                              | OR      | X80=                | ·                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |                               |              |                  | $\vdash$ |                  |                              | 1 1     |                     |                        |
|   |  |   |                 |                               |              |                  | Ľ        | +135≃<br>TOTA    |                              | OR      | +270=<br>TOTAL      |                        |
|   |  |   |                 |                               |              |                  |          |                  |                              | OR      | ADDIT. FEE          |                        |
|   | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  |   |                 |                               |              |                  |          |                  |                              |         | ٠                   |                        |
| AMENDMENT C   | ·<br>·   | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUMI<br>PREVIO<br>PAID        | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE             | ADDI-<br>TIONAL<br>FEE       |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus           | **                            |              | =                |          | X\$ 9=           |                              | OR      | X\$18=              |                        |
|   | Independent  | *   | Minus           | ***                           | <del></del>  | =                |          | X40=             |                              | OR      | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |                               |              |                  |          | <del></del>      | 4                            | OH      |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                 |                               |              |                  |          | +135=<br>TOTAL   |                              | OR      | +270=               |                        |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                 |                               |              |                  |          |                  |                              | OR ,    | TOTAL<br>ADDIT. FEE |                        |
| -   | The "Highest Num   | nber Previously Paid                      | d For (Total or | Independe                     | ant) is the  | highest number   | found    | I in the a       | ppropriate box               | in coli | umn 1.              |                        |